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## *Facsimile Transmittal Sheet*

**Date:** July 24, 2006

**To:** Ted Apple, J.D., Ph.D.

TOWNSEND AND TOWNSEND AND CREW

**Fax #:** (650) 326-2422

**Page 1 of** 15 (including cover and ending sheet)

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USSN 10/044,692

Your Reference: 015389-002640US

Geron Docket No. 018/213C

Please see attached 3<sup>rd</sup> Supplemental Amendment filed July 21<sup>st</sup>.

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PTO/SB/21 (09-04)

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<b>TRANSMITTAL FORM</b>  <small>(to be used for all correspondence after initial filing)</small>	Application Number	10/044,692
	Filing Date	January 11, 2002
	First Named Inventor	Thomas R. Cech, et al.
	Art Unit	1642
	Examiner Name	Susan Nmn Ungar
	Attorney Docket Number	015389-002640US; 018/213C
Total Number of Pages in This Submission		<b>11</b>

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> 3rd Supplemental Amendment/Reply (8 pages) <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Supplemental Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition for Revival of Application (2 pages) <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks Last page marker (1 page)		

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name	Geron Corporation		
Signature			
Printed name	J. Michael Schliff		
Date	July 21/06	Reg. No.	40,253

**CERTIFICATE OF TRANSMISSION/MAILING**

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Signature			
Typed or printed name	Michael Schure	Date	July 21/06

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PTO/SB/17 (01-06)

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# FEE TRANSMITTAL

## For FY 2006

☐ Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT (\$)** **800**

### Complete if Known

Application Number	10/044,692
Filing Date	January 11, 2002
First Named Inventor	Thomas R. Cech, et al.
Examiner Name	Susan Nmn Ungar
Art Unit	1642
Attorney Docket No.	015389-002640US; 018/213C

### METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account Deposit Account Number: **07-1139** Deposit Account Name: **Geron Corporation**

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) ☒ Credit any overpayments

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### FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)

#### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

#### 2. EXCESS CLAIM FEES

##### Fee Description

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

<b>Total Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>	<b>total claims previously paid = 38</b>	<b>Multiple Dependent Claims</b>
46	8	50	400		

HP = highest number of total claims paid for, if greater than 20.

<b>Indep. Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>	<b>total independent claims previously paid = 8</b>
10	2	200	400	

HP = highest number of independent claims paid for, if greater than 3.

#### 3. APPLICATION SIZE FEE

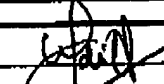
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<b>Total Sheets</b>	<b>Extra Sheets</b>	<b>Number of each additional 50 or fraction thereof</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>

#### 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): \_\_\_\_\_

<b>SUBMITTED BY</b>		<b>Registration No.</b>	<b>Telephone</b>
<b>Signature</b>		40,253	(650) 473-7715
<b>Name (Print/Type)</b>		<b>Date</b>	
J. Michael Schiff		July 24/06	

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# **FEE TRANSMITTAL**

## **For FY 2006**

☐ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT (\$)** 800**Complete if Known**

Application Number	10/044,692
Filing Date	January 11, 2002
First Named Inventor	Thomas R. Cech, et al.
Examiner Name	Susan Nmn Ungar
Art Unit	1642
Attorney Docket No.	015389-002640US; 018/213C

**METHOD OF PAYMENT (check all that apply)**
☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account Deposit Account Number: 07-1139 Deposit Account Name: Geron Corporation

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below☐ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17☒ Credit any overpayments

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**FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
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Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES****Fee Description**

Each claim over 20 (including Reissues)

Fee (\$)

Small Entity Fee (\$)

50 25

Each independent claim over 3 (including Reissues)

200 100

Multiple dependent claims

360 180

**Total Claims****Extra Claims****Fee (\$)****Fee Paid (\$)**

total claims previously

**Multiple Dependent Claims**

46 - 20 or HP =

8

x 50

= 400

paid = 38

**Fee (\$)****Fee Paid (\$)**

HP = highest number of total claims paid for, if greater than 20.

**Indep. Claims****Extra Claims****Fee (\$)****Fee Paid (\$)**

total independent claims

10 - 3 or HP =

2

x 200

= 400

previously paid = 8

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**Total Sheets****Extra Sheets****Number of each additional 50 or fraction thereof****Fee (\$)****Fee Paid (\$)**

- 100 =

/ 50 =

(round up to a whole number) x

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

**Fees Paid (\$)**

Other (e.g., late filing surcharge):

**SUBMITTED BY**

Signature

Registration No.  
(Attorney/Agent)

40,253

Telephone (850) 473-7715

Name (Print/Type)

J. Michael Schiff

Date

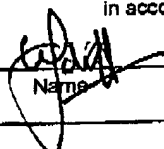
July 21/06

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 _____ Name	July 21/06 _____ Date

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Inventors: Thomas R. Cech et al.

Filing Date: January 11, 2002

Serial No: 10/044,692

Docket: 015389-002640 US;  
018/213c

Title: NUCLEIC ACID VACCINE FOR ELICITING  
AN IMMUNE RESPONSE AGAINST  
TELOMERASE REVERSE TRANSCRIPTASE

Art Unit: 1642

Examiner: Susan N.M.N. Ungar, Ph.D.

THIRD SUPPLEMENTAL AMENDMENT

Commissioner for Patents  
Alexandria VA 22313

Dear Sir,

This paper is supplemental to the amendments filed in this application on November 10, 2005, April 3, 2006, and May 18, 2006.

The claims added in this Amendment adopt a suggestion made by the Office, and either place the application in condition for allowance, or simplify issues for appeal. Accordingly, this paper qualifies for consideration under 37 CFR § 1.111(a)(2).

Please enter the following amendments and remarks.